

TRAVEL ORDER		<input checked="" type="checkbox"/>	TDY			OFFICE TRAVEL ORDER NO.
			PCS			10/111/66-XG
			INVITATIONAL			
NAME John Doe						SERVICE TRAVEL ORDER NO.
OFFICIAL STATION Washington, D. C.			OFFICE PHONE 1111		GRADE GS-12	
<p>YOU ARE AUTHORIZED TO TRAVEL AND INCUR NECESSARY EXPENSES IN ACCORDANCE WITH REGULATIONS. THIS TRAVEL OR CHANGE OF OFFICIAL STATION, IF SO DESIGNATED, IS MADE FOR OFFICIAL PURPOSES AND NOT FOR YOUR PERSONAL CONVENIENCE.</p>						
<p>ITINERARY, MODE OF TRAVEL AND PURPOSE</p> <p>Travel from Washington, D. C., to Newark, New Jersey, and return by air. Purpose of this trip is to review depot operations.</p>						
TRAVEL DURATION		AUTOMOBILE ALLOWANCE				
FROM 6/15/65	TO 6/17/65	CENTS PER MILE, NOT TO EXCEED COST BY COMMON CARRIER				
PER DIEM ALLOWANCE		CENTS PER MILE, AS MORE ADVANTAGEOUS TO THE GOVERNMENT BECAUSE OF:				
DOMESTIC \$ 16.00		LACK OF OTHER TRANSPORTATION				
FOREIGN		AVAILABLE TRANSPORTATION IS UNSUITABLE DUE TO TIME, COST OR SECURITY FACTORS				
MAXIMUM		OTHER (specify)				
OTHER (see below)						
ALLOWANCES AND SPECIAL PROVISIONS WITH REASONS						
DEPENDENT TRAVEL AUTHORIZED			PROCURE TRANSPORTATION BY		ESTIMATED COST OF TRAVEL	
NAME	DATE OF BIRTH	RELATIONSHIP	TRANSPORTATION REQUEST		\$80.00	
			<input checked="" type="checkbox"/> CASH OR OTHER			
			DISPOSITION OF EFFECTS AUTHORIZATION			
			SHIPMENT	NONTEMPORARY STORAGE	I CERTIFY FUNDS ARE AVAILABLE	
			SHIPMENT POA AUTHORIZED		OBLIGATION REFERENCE NO.	
			EXCESS BAGGAGE AUTHORIZED		6278-1010	
			ACCOMPANIED	UNACCOMPANIED		
			LBS. AND MODE	LBS. AND MODE		
			CHARGE COST CENTER NO.			
			ADVANCE OF FUNDS REQUESTED		DATE	SIGNATURE OF S & F OFFICER
			<input checked="" type="checkbox"/> YES		ACCOUNTING DUE DATE	
			NO			
COORDINATION			REQUESTING OFFICIAL			
SIGNATURE	TITLE & COMPONENT	DATE	TYPED NAME AND TITLE		COMPONENT	
	OL/Supply Div.		Division Chief		Logistics	
			SIGNATURE		DATE	
			AUTHORIZING OFFICIAL			
			TYPED NAME AND TITLE		COMPONENT	
			Executive Officer		Logistics	
			SIGNATURE		DATE	

FORM 540
4-63
MFG. 6-63USE
PREVIOUS
EDITIONS.

FOR TRAINING PURPOSES ONLY

(28-48)

99/09/07 : CIA-RDP74-00005R000200090007-7

FORM 281 OBSOLETE PREVIOUS EDITIONS
7-65

GROUP 1

(38-49)

Approved For Release 1999/09/07 : CIA-RDP74-00005R000200090007-7

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DATE 19 65	SOURCE	AMOUNT OF FOREIGN CURRENCY	RATE OF EXCHANGE	AMOUNT
14 July	Office of Finance			\$80.00
TOTAL				

TRANSPORTATION AND EXCHANGE ORDERS BOTH USED AND NOT USED (Attach receipts, stubs and unused items)

TRANSPORTATION REQUESTS			NAME OF CARRIER (Initials)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS	POINTS OF TRAVEL		COST*
NUMBER	AGENTS VALUATION OF TICKET	DATE ISSUED			FROM	TO	
			EAL	Shuttle	Washington Nat'l	Newark	\$18.00
			EAL	Shuttle	Newark	Washington Nat'l	18.00

* Do not include value of Transportation Requests used in this column.

TOTAL

\$36.00

QUARTERS OR MEALS FURNISHED WITHOUT COST AND LEAVE TAKEN

Specify below any quarters or meals furnished without cost during period covered by this travel voucher and make appropriate deduction from schedule of expenses. Record any leave taken. If none, so indicate.

QUARTERS - DATE(S)	
MEALS - DATE(S) AND NUMBER	
LEAVE - TYPE - DATE(S) - TIME	None

SCHEDULE OF EXPENSES AND ITINERARY OF TRAVELER

DATE 19 65	DESCRIPTION OF EXPENDITURE AND DETAIL OF ITINERARY (Furnish complete itinerary, showing departure and arrival times, per diem claimed, and other expenses, in chronological sequence.)	AMOUNT CLAIMED	
		PER DIEM	OTHER
15 Jul	Mileage from residence to Washington National Airport		
	15 miles at \$.10 per mile		\$ 1.50
	Depart Washington National Airport via Eastern Airlines		
	shuttle at 0730 (ticket attached)		
	Arrive Newark, New Jersey, at 0830		
	Per diem - 3/4 day at \$16.00 per day	\$ 12.00	
16 Jul	Per diem - one day at \$16.00 per day	16.00	
17 Jul	Depart Newark, New Jersey, via Eastern Airlines shuttle		
	at 1530 (ticket attached)		
	Arrive Washington National Airport at 1655		
	Parking at Washington National Airport		5.00
	Per diem - 3/4 day at \$16.00 per day	12.00	
	Mileage from Washington National Airport to residence		1.50
CHECK ONE: <input checked="" type="checkbox"/> TOTALS		40.00	8.00
		CARRIED FORWARD	

USE CONTINUA

SHEET FORM NO. 22a. IF ADDITIONAL

IS REQUIRED

SECRET